“I performed 15,000 surgeries… and too many of them were unnecessary.” Transcript

(Transcripts are generated by AI and may contain errors)

Introductions and Backgrounds

Amber and Josh Shatter, welcome to Amber and Josh Shatter, welcome to Rebels with a Root Cause. Thank you so Rebels with a Root Cause. Thank you so much.

much. much. >> Thank you, Tim. We're so excited to be >> Thank you, Tim. We're so excited to be here. here. here. >> Thank you for having us. >> Thank you for having us.

>> You're so welcome. So, introduce >> You're so welcome. So, introduce yourself to the audience. I'd love to yourself to the audience. I'd love to know who you are, where you're from, and know who you are, where you're from, and and what it is that you do.

and what it is that you do. >> Well, I'm Dr. Joshua Shakar. I'm a board >> Well, I'm Dr. Joshua Shakar. I'm a board certified orthopedic surgeon. I had been certified orthopedic surgeon. I had been employed for about 15 years in a small employed for about 15 years in a small town in in Texas, Witchto Falls, Texas.

town in in Texas, Witchto Falls, Texas. Then even though I was the head of the Then even though I was the head of the department and and doing a lot of I did department and and doing a lot of I did about 15,000 surgeries in my in my about 15,000 surgeries in my in my career, I started to get really really career, I started to get really really burned out. And so we were really burned out. And so we were really looking for a solution and our solution looking for a solution and our solution was to go into integrative orthopedics.

was to go into integrative orthopedics. So we left a traditional practice. We So we left a traditional practice. We opened an an integrative orthopedic opened an an integrative orthopedic practice in Witchaw Falls, Texas.

practice in Witchaw Falls, Texas. >> Uh and it's been quite a journey for us. >> Uh and it's been quite a journey for us. >> Yeah. Yeah. Yeah. Which fall which falls >> Yeah. Yeah. Yeah. Which fall which falls Texas is about 2 hours from Dallas.

Texas is about 2 hours from Dallas. Correct. Correct. Correct. >> So we're in the north central part of >> So we're in the north central part of Texas. Yeah. So um I my background Texas. Yeah. So um I my background before I rescued Josh from the abuse of before I rescued Josh from the abuse of the traditional medical system was I the traditional medical system was I spent the last 15 years in hospitality.

spent the last 15 years in hospitality. And I've done everything from a big And I've done everything from a big convention center fashion show design convention center fashion show design workflow of people and and how to move workflow of people and and how to move them in those big areas down to high-end them in those big areas down to high-end white tablecloth fine dining. And so I white tablecloth fine dining. And so I really had spent a lot of time creating really had spent a lot of time creating experiences for people to feel seen and experiences for people to feel seen and held and enjoy uh their experience with held and enjoy uh their experience with me and in my environments. And so that's me and in my environments. And so that's where my background comes in. Uh Josh where my background comes in. Uh Josh and I have been married uh since I was and I have been married uh since I was 18 and he was 20. So we have got lots of 18 and he was 20. So we have got lots of time and road you know under our belts time and road you know under our belts between us. But we came to integrative between us. But we came to integrative orthopedics and started the pinnacle orthopedics and started the pinnacle method 3 years ago.

method 3 years ago. >> So I know that Josh had talked about you >> So I know that Josh had talked about you know working 15 years as an employed know working 15 years as an employed doctor. I mean how did you feel

about doctor. I mean how did you feel about this? Like why did I create this this? Like why did I create this business for you? The that's that's the business for you? The that's that's the real question is you know I'm sure real question is you know I'm sure things were good right in the system things were good right in the system right you were right you were >> you lots of money >> you lots of money >> sure like hey listen I was caught as >> sure like hey listen I was caught as well right the gold handcuffs like they well right the gold handcuffs like they you know you get to rise inside the you know you get to rise inside the organization right you're you know organization right you're you know become become respected in the community become become respected in the community like all those things right and then but like all those things right and then but something went wrong what was that something went wrong what was that what's that rebel story what's that rebel story >> well I you know as I did more and more >> well I you know as I did more and more surgeries through my career surgeries through my career >> uh I started to really question one, do >> uh I started to really question one, do we need to be doing all these we need to be doing all these procedures? There's there are measures procedures? There's there are measures that I was starting to become aware of, that I was starting to become aware of, regenerative therapy and other measures regenerative therapy and other measures that that maybe could prevent us from that that maybe could prevent us from needing to do needing to do >> fair number of the >> fair number of the >> So, where were you learning all this >> So, where were you learning all this from, right? Cuz you're in a small town.

from, right? Cuz you're in a small town. Where were you learning regenerative Where were you learning regenerative medicine? medicine? medicine?

Burnout and the Shift to Integrative Orthopedics

>> Well, it's it's something that I started >> Well, it's it's something that I started to get interested in in to get interested in in >> as sort of an augment to my sports >> as sort of an augment to my sports medicine surgeries. I did a a massive medicine surgeries. I did a a massive number of like ACL reconstructions and number of like ACL reconstructions and shoulder scopes for rotator cuff repair shoulder scopes for rotator cuff repair and and I started to get exposed to the and and I started to get exposed to the use of PRP and stem cell to sort of help use of PRP and stem cell to sort of help accelerate healing in those cases.

accelerate healing in those cases. >> Uh and and as I was as I was >> Uh and and as I was as I was >> sort of diving into that, I got more and >> sort of diving into that, I got more and more interested in in how can we use more interested in in how can we use these to maybe prevent doing some these to maybe prevent doing some surgeries. Yeah, surgeries. Yeah, >> this is not a popular sentiment by the >> this is not a popular sentiment by the way in hospital employee practice way in hospital employee practice >> because it's a money maker, right?

>> because it's a money maker, right? >> One thing most people don't understand >> One thing most people don't understand is that you as a surgeon you're is that you as a surgeon you're incentivized to do more surgery, not incentivized to do more surgery, not more necessary surgery, not give people more necessary surgery, not give people the longest healthiest life possible, the longest healthiest life possible, just to do the surgeries. And so when just to do the surgeries. And so when you are going to hospital administration you are going to hospital administration and you were being told you you need to and you were being told you you need to do 10% more surgeries than last year, do 10% more surgeries than last year, you need to see patients in a quicker you need to see patients in a quicker amount of time when Josh was getting so amount of time when Josh was getting so much push back cuz he's saying, "Hey, I much push back cuz he's saying, "Hey, I would like to not operate on people with would like to not operate on people with A1C so high. So I'm not going to operate A1C so high. So I'm not going to operate on them." So then the hospital gets mad on them." So then the hospital gets mad cuz that's cutting into the increase in cuz that's cutting into the increase in surgery. Right.

surgery. Right. >> Yeah. They got that new building they're >> Yeah. They got that new building they're building there, right? building there, right? >> Exactly. We have a whole new imaging >> Exactly. We have a whole new imaging center. I need everybody to have five center. I need everybody to have five MRIs this year. Right.

MRIs this year. Right. >> Um and so he would for me as the >> Um and so he would for me as the business person and the entrepreneur, I business person and the entrepreneur, I saw my healer. So also something that saw my healer. So also something that you didn't mention, Josh is an you didn't mention, Josh is an osteopath. So he's a

DO. So when and and osteopath. So he's a DO. So when and and there's a a bit of a fundamental there's a a bit of a fundamental difference between an MD and a DO in difference between an MD and a DO in that you are you go to school and train that you are you go to school and train about the whole body. you're you're to about the whole body. you're you're to look at the human as a whole integrated look at the human as a whole integrated system and so your basic training is system and so your basic training is more than that.

more than that. >> Yeah. So the difference between a DO and >> Yeah.

Insurance Incentives and Hospital Pressure

So the difference between a DO and an MD is we do a lot more manipulative an MD is we do a lot more manipulative medicine and then we also look more medicine and then we also look more holistically at a patient from the holistically at a patient from the training perspective right from medical training perspective right from medical school wasn't really able to use that in school wasn't really able to use that in my traditional orthopedic practice and my traditional orthopedic practice and as we were doing initiatives in the as we were doing initiatives in the hospital you know hey when especially hospital you know hey when especially when we look at joint replacements how when we look at joint replacements how how do we prevent some of the how do we prevent some of the complications that are so disastrous in complications that are so disastrous in joint replacement right infection and joint replacement right infection and chronic pain and stiffness well we know chronic pain and stiffness well we know that these things are very closely tied that these things are very closely tied to nutrition and and overall metabolic to nutrition and and overall metabolic status of a patient. So we started to status of a patient. So we started to really dig in and and start some really dig in and and start some initiatives in our hospital system. I initiatives in our hospital system. I was the director of their joint center was the director of their joint center of excellence for a decade and so that of excellence for a decade and so that that our specialty was hip and knee that our specialty was hip and knee replacement at that time with um a replacement at that time with um a little brag. The smallest hospital in little brag. The smallest hospital in Texas to have that charge was an elite Texas to have that charge was an elite level. He was an orthopedic surgeon level. He was an orthopedic surgeon doing more surgeries than he can handle doing more surgeries than he can handle at a hospital that had an excellent at a hospital that had an excellent status and still having these kind of status and still having these kind of push back.

push back. >> Yeah. And and so when we wanted to do >> Yeah. And and so when we wanted to do something like oh we weren't going to something like oh we weren't going to take care we weren't going to operate on take care we weren't going to operate on somebody if they were smoking this was a somebody if they were smoking this was a huge move you would imagine.

huge move you would imagine. >> Yeah. Yeah. So my initiative was well >> Yeah. Yeah. So my initiative was well okay so we know that nicotine products okay so we know that nicotine products and and smoking in particular causes an and and smoking in particular causes an increased risk to patients who have increased risk to patients who have joint replacement. So we're not joint replacement. So we're not >> even even even nicotine not we're not >> even even even nicotine not we're not talking about talking about >> Yeah. It causes >> Yeah. It causes >> it causes contraction of the small blood >> it causes contraction of the small blood vessels. So it can cause us problems.

vessels. So it can cause us problems. >> Uh when I brought that to the hospital >> Uh when I brought that to the hospital administration as an initiative they administration as an initiative they were like wait what we're going to stop were like wait what we're going to stop doing surgery on people who were smoking doing surgery on people who were smoking that there was a lot of push back there.

that there was a lot of push back there. And so there there were a lot of there And so there there were a lot of there were a lot of instances where I was were a lot of instances where I was trying to improve the health of our trying to improve the health of our patients overall to improve my outcomes patients overall to improve my outcomes and and the the system not just my and and the the system not just my hospital system but the system as a hospital system but the system as a whole was resistant. So there's a debate whole was resistant. So there's a debate in orthopedic surgery. Do we need to do in orthopedic surgery. Do we need to do surgery on people who smoke or not? Like surgery on people who smoke or not? Like come on is this a debate really? Um and come on is this a

debate really? Um and those sorts of tensions are what really those sorts of tensions are what really drove me into burnout so deeply. I was drove me into burnout so deeply. I was doing almost a thousand cases a year. I doing almost a thousand cases a year. I did 15,000 plus surgeries in my career.

did 15,000 plus surgeries in my career. >> Yeah. >> Yeah. >> Yeah. >> And I want you to think about how much >> And I want you to think about how much >> 15,000 surgeries in your career. And how >> 15,000 surgeries in your career. And how long was your career for in the system?

long was your career for in the system? >> It was well in the system I worked for >> It was well in the system I worked for about in in the traditional system I about in in the traditional system I worked as a attending orthopedic surgeon worked as a attending orthopedic surgeon for 15 years.

for 15 years. >> All right. So you're basically doing a >> All right. So you're basically doing a thousand a year. thousand a year. >> Super busy. 30 plus cases a week.

>> Super busy. 30 plus cases a week. >> Break that down. >> Break that down. >> That is way above the national average. >> That is way above the national average.

Yeah. And then think of call and think Yeah. And then think of call and think of how how much of how how much >> how now you're having to see the >> how now you're having to see the patients after the surgery.

patients after the surgery. >> Well, and with reimbursement cuts every >> Well, and with reimbursement cuts every year our hospital administration would year our hospital administration would come to us and raise the bar. So when come to us and raise the bar. So when you are an employed doctor and and don't you are an employed doctor and and don't think that I think that your audience think that I think that your audience should really understand the vast should really understand the vast majority of surgeons and proceduralists majority of surgeons and proceduralists now are employed now are employed >> and this is a this is not a results >> and this is a this is not a results driven market anymore. It is a it is a driven market anymore. It is a it is a production driven volume. So you're paid production driven volume. So you're paid based on the amount of procedures you do based on the amount of procedures you do as a proceduralist as an orthopedic as a proceduralist as an orthopedic surgeon. And it's it gains the hospital surgeon. And it's it gains the hospital system quite a lot of money.

system quite a lot of money. >> And so we were always incentivized to do >> And so we were always incentivized to do more procedures. Um and they were always more procedures. Um and they were always sort of moving the target. Well, this sort of moving the target. Well, this year you need to do 10% more. This year year you need to do 10% more. This year you need to do 10%.

you need to do 10%. >> You said it almost sounds like a sales >> You said it almost sounds like a sales role. role. role. >> It's exactly right. I got a new quota >> It's exactly right. I got a new quota this year. I got 10% more. I got to this year. I got 10% more. I got to perform in [clears throat] the same perform in [clears throat] the same amount of time, right?

amount of time, right? >> Yeah. I remember my my administrator >> Yeah. I remember my my administrator once told me, my CEO of my hospital, I once told me, my CEO of my hospital, I was the chairman of our physician group was the chairman of our physician group at the time. We were talking about at the time. We were talking about salary and she's like, "We're going to salary and she's like, "We're going to move the we're going to move your goal move the we're going to move your goal up 10%." I said, "So, you're going to up 10%." I said, "So, you're going to pay us less." She goes, "No, no, no, no.

pay us less." She goes, "No, no, no, no. What it means is you're just going to What it means is you're just going to have to work harder for what you make." have to work harder for what you make." Yeah.

Yeah. Yeah. >> Totally bizarre. Totally bizarre. But >> Totally bizarre. Totally bizarre. But the problem is this really incentivizes the problem is this really incentivizes your proceduralist to do procedures, your proceduralist to do procedures, right? Your orthopedic surgeon when you right? Your orthopedic surgeon when you come and see

them is not looking at you come and see them is not looking at you as a whole organism, as a whole organism, >> right?

>> right? >> right? >> They're not looking to to give you more >> They're not looking to to give you more longevity and and more longevity and and more >> and help you heal your joint without >> and help you heal your joint without that procedure. They're only looking to that procedure. They're only looking to do that procedure. Yeah. And that's a do that procedure. Yeah. And that's a real shame.

real shame. >> Yeah. It it's it's tied to the whole >> Yeah. It it's it's tied to the whole insurance game as well. Let's, you know, insurance game as well. Let's, you know, let's look at it because it's, you know, let's look at it because it's, you know, they're driven to do more, right?

they're driven to do more, right? Because they got that beautiful Because they got that beautiful building. And by the way, I understand building. And by the way, I understand your hospital is probably the most your hospital is probably the most spectacular looking hospital.

spectacular looking hospital. >> It's a beautiful hospital. Beautiful. We >> It's a beautiful hospital. Beautiful.

Leaving the System and Building a Private Practice

We live in a town, Witchaw Falls, Texas. It live in a town, Witchaw Falls, Texas. It has 102,000 people in North Texas. And I has 102,000 people in North Texas. And I I love our town. It's a nice town, I love our town. It's a nice town, >> but we can't get a pothole in the street >> but we can't get a pothole in the street fixed. And our hospital, which is a fixed. And our hospital, which is a public hospital system, which receives public hospital system, which receives federal and state monies to take care of federal and state monies to take care of the indigent, the indigent, >> has a billion dollars >> has a billion dollars >> inves It's And I I think that that Witchaw It's And I I think that that Witchaw Falls is not the only community that Falls is not the only community that suffers from this. Oh, we happen to be suffers from this. Oh, we happen to be unlucky and that and that the unlucky and that and that the organization there is one of the most organization there is one of the most expensive in the country.

expensive in the country. >> And if you look at how expensive >> And if you look at how expensive traditional medical care is and you're traditional medical care is and you're looking at public health, Witchah looking at public health, Witchah Falls's public health is some of the Falls's public health is some of the worst in Texas and that's some of the worst in Texas and that's some of the worst in the nation. So, we were there's worst in the nation. So, we were there's a real disconnect between the cost of a real disconnect between the cost of care, the quality of care, and what it's care, the quality of care, and what it's doing for the community.

doing for the community. >> Was was there a competing hospital in >> Was was there a competing hospital in town? No, there there was a well there town? No, there there was a well there was a competing small surgical hospital was a competing small surgical hospital that was a full-ervice hospital that had that was a full-ervice hospital that had been that was a physician owned been that was a physician owned hospital. Yeah.

hospital. Yeah. >> Um and that hospital sort of struggled >> Um and that hospital sort of struggled along in competition for 25 years and along in competition for 25 years and then this year then this year >> United Regional >> United Regional >> bought them. Yeah. So drove them into >> bought them. Yeah. So drove them into the ground.

the ground. >> Yeah. Well drove competed them out >> Yeah. Well drove competed them out competed them for sure. competed them for sure. >> Well, they have a billion dollars in >> Well, they have a billion dollars in reserves. How is a small locallyowned reserves. How is a small locallyowned hospital that's putting patients first hospital that's putting patients first going to keep up with that monster who going to keep up with that monster who has federal subsidies, state subsidies, has federal subsidies, state subsidies, doesn't pay any taxes?

doesn't pay any taxes? >> Yeah. >> Yeah. >> Yeah. >> So, and it's not they're not playing in >> So, and it's not they're not playing in the same game here.

the same game here. >> No, it and it's rigged. We all we all >> No, it and it's rigged. We all we all know it's rigged and and the most know it's rigged and and the most concerning thing is is that, you know, concerning thing is is that, you know, these doctors, you know, were driven to these doctors, you know, were driven to say you got to produce more, you know, say you got to produce more, you know, with the same amount of time or less with the same amount of time or less time, meaning you got to work more time, meaning you got to work more efficient, harder, right? be able to do efficient, harder, right? be able to do more with less.

more with less. >> And the challenge is is that that's not >> And the challenge is is that that's not doing justice to the patient, right? To doing justice to the patient, right? To the individual and where your whole the individual and where your whole journey has taken you to is like, is journey has taken you to is like, is that joint replacement really needed?

that joint replacement really needed? >> Because that's what's fueling the >> Because that's what's fueling the industry. Like you look at this cabal of industry. Like you look at this cabal of the insurance and the hospitals all the insurance and the hospitals all working together to spin this thing up, working together to spin this thing up, of course, with the with the companies of course, with the with the companies as well that are producing these joint as well that are producing these joint replacements. And it is it's it's a it's replacements. And it is it's it's a it's a it's a heavy thing, right? you know it a it's a heavy thing, right? you know it you you you've seen it like there are you you you've seen it like there are quotas inside the system and and that quotas inside the system and and that was I can imagine the frustration that was I can imagine the frustration that you were feeling in that system. Now, you were feeling in that system. Now, what were some of the things that you what were some of the things that you were saying and doing that started to were saying and doing that started to tip the tip the scale, so to speak, tip the tip the scale, so to speak, right, with the system?

right, with the system? >> So, things that I was saying and doing >> So, things that I was saying and doing as far as tip the as far as tip the >> This isn't right. This isn't right.

>> This isn't right. This isn't right. Like, like Like, like >> just just having any sort of resistance >> just just having any sort of resistance to to really optimizing a patient's to to really optimizing a patient's health around a procedure. In health around a procedure. In traditional medicine, there's an traditional medicine, there's an understanding that whole health is is understanding that whole health is is important, but you can only spend if a important, but you can only spend if a primary care doctor can only spend 5 to primary care doctor can only spend 5 to 10 minutes with a patient, how much how 10 minutes with a patient, how much how deeply into their health are they deeply into their health are they digging? So, that was I think a big digging? So, that was I think a big driver for me is is I'm seeing 50 driver for me is is I'm seeing 50 patients a day, my PA seeing 30 patients patients a day, my PA seeing 30 patients a day, we're doing 30 surgeries a week.

a day, we're doing 30 surgeries a week. How am I present and focused with each How am I present and focused with each person that I want to heal? And that person that I want to heal? And that lack of connection really drove me to lack of connection really drove me to disenchantment with with my own disenchantment with with my own specialy, which I which I love. And then specialy, which I which I love. And then understanding that the traditional understanding that the traditional system puts us in this box. And there system puts us in this box. And there are so many treatments that are so many treatments that >> our system here in the United States >> our system here in the United States either doesn't believe in or or doesn't either doesn't believe in or or doesn't ascribe to or it's it's experimental ascribe to or it's it's experimental that that can help our patients.

that that can help our patients. >> Good for animals. >> Good for animals. >> Yeah. that we're [laughter] completely >> Yeah. that we're [laughter] completely not using in a in a in a traditional not using in a in a in a traditional orthopedic or or or any type of orthopedic or or or any type of practice.

practice. practice. >> Don't you think that this is about like >> Don't you think that this is about like you were saying this is an insurance you were saying this is an insurance issue. Insurance dictates care.

issue. Insurance dictates care. >> If insurance doesn't pay for it, most >> If insurance doesn't pay for it, most physicians, hospitals, and practices physicians, hospitals, and practices aren't going to offer it.

aren't going to offer it. >> Because we've been trained as Americans >> Because we've been trained as Americans that if insurance doesn't pay for it, it that if insurance doesn't pay for it, it must not be legitimate medicine. And now must not be legitimate medicine. And now I see this sea change coming. And this I see this sea change coming. And this is part of the beautiful work that you is part of the beautiful work that you do Tim do Tim >> is giving a platform for the few doctors >> is giving a platform for the few doctors and the few people who have been able to and the few people who have been able to break through that major wall of break through that major wall of insurance insurance insurance to offer medical care outside of the to offer medical care outside of the box.

box. box. >> Yeah. >> Yeah. >> Yeah. >> Uh to give the patient what they >> Uh to give the patient what they deserve. They get to choose what's right deserve. They get to choose what's right for them instead of somebody who's for them instead of somebody who's counting beans in an office somewhere to counting beans in an office somewhere to tell you what medicines are appropriate tell you what medicines are appropriate for you.

for you. >> It's ridiculous. >> It's ridiculous. >> It turns out we can't do this based on a >> It turns out we can't do this based on a 5-minute office visit.

5-minute office visit. >> Yeah. >> Yeah. >> Yeah. >> We can't do this on a superficial look >> We can't do this on a superficial look at someone's health at someone's health >> and we can't do this based on the >> and we can't do this based on the approval of somebody who's probably not approval of somebody who's probably not qualified to give you approval. Right?

qualified to give you approval. Right? So the insurance company has these, you So the insurance company has these, you know, these employees who are not at at know, these employees who are not at at your educational level, don't have your your educational level, don't have your exposure, don't know that person, and exposure, don't know that person, and they're dictating whether or not they they're dictating whether or not they can receive a treatment, can receive a treatment, >> if it's even approved at all.

>> if it's even approved at all. >> Well, yeah. And and that system is is >> Well, yeah. And and that system is is really constraining. Look, we all went really constraining. Look, we all went into medicine to be healers, right? We into medicine to be healers, right? We felt a close connection with other human felt a close connection with other human beings and we want to help them feel beings and we want to help them feel better.

better. better. This system puts us in such a box that This system puts us in such a box that we are we we are in a constant state of we are we we are in a constant state of frustration and a constant state of you frustration and a constant state of you know no doctor in the traditional system know no doctor in the traditional system that I've ever spoken to loves working that I've ever spoken to loves working with an insurance company.

with an insurance company. >> No one yet. It's not I'm still looking >> No one yet. It's not I'm still looking for one. So for one. So >> yeah. And and the only ones that really >> yeah. And and the only ones that really love is the ones that are completely love is the ones that are completely gaming the system.

gaming the system. >> Those are the ones that love them. >> Those are the ones that love them. >> The ones that Yeah. >> The ones that Yeah. >> Right. Right. they're not patient >> Right. Right. they're not patient forward.

forward. forward. >> You I guess you could love it if you're >> You I guess you could love it if you're if you're a fraudster, but when you want if you're a fraudster, but when you want to when you want to really give good to when you want to really give good care and spend time with people, you care and spend time with people, you have to exit.

have to exit. >> You have to you have to give patients an >> You have to you have to give patients an alternative alternative alternative >> to what they what they're able to get in >> to what they what they're able to get in their traditional system. So, so let's their traditional system. So, so let's talk about that because this is this is talk about that because this is this is such and I listen I 100% totally agree such and I listen I 100% totally agree with you that there are doctors that with you that there are doctors that have became doctors to become healers, have became doctors to become healers, right? And what they didn't realize is right? And what they didn't realize is that they got

caught in in basically the that they got caught in in basically the vertical system, right? It's like vertical system, right? It's like there's one thing we know big pharma there's one thing we know big pharma controls a lot of things inside medical controls a lot of things inside medical schools like medical schools are schools like medical schools are basically teaching you one thing, right?

basically teaching you one thing, right? So they're programming you to do one So they're programming you to do one thing, right? Depending upon your thing, right? Depending upon your specialty, this is what you're going to specialty, this is what you're going to do, how you're going to do it, right?

do, how you're going to do it, right? And then the hospital basically backs And then the hospital basically backs that up and says this is what you need that up and says this is what you need to do, how you need to do it. You have to do, how you need to do it. You have 10% more you got to do. Like we got this 10% more you got to do. Like we got this new imaging center, right? We got we new imaging center, right? We got we have things we have to build this, you have things we have to build this, you know, this fund, right? We have to have know, this fund, right? We have to have these things in reserve. And the these things in reserve. And the challenge is is that they're so challenge is is that they're so programmed. It's they think this is such programmed. It's they think this is such a huge divide. How do I cross this a huge divide. How do I cross this river? Right? From from being in the river? Right? From from being in the system to doing exactly what you did and system to doing exactly what you did and how you set this up, understanding that how you set this up, understanding that there was a passion inside of you. It's there was a passion inside of you. It's like this isn't right. I got to get out like this isn't right. I got to get out and there's a lot of doctors in the and there's a lot of doctors in the system who are feeling that right now.

system who are feeling that right now. So what is the advice like give us your So what is the advice like give us your journey is how you set this up Amber and journey is how you set this up Amber and Josh to get this thing put together.

Josh to get this thing put together. >> So on my end I had a partner who was a >> So on my end I had a partner who was a wonderful doctor who had turned into a wonderful doctor who had turned into a carpenter.

carpenter. carpenter. >> That's all he did was surgeries. He >> That's all he did was surgeries. He wasn't helping people. He didn't have wasn't helping people. He didn't have control of who was coming to him, what control of who was coming to him, what really he was doing. He became a factory really he was doing. He became a factory worker replacing joints who worked in a worker replacing joints who worked in a hospital. Burnt out, angry, and hospital. Burnt out, angry, and frustrated. Am I frustrated. Am I >> right? That's accurate.

>> right? That's accurate. >> Yes. [laughter] >> Yes. [laughter] >> I've never heard this from Carpenter, >> I've never heard this from Carpenter, but that's a but that's a >> Well, that's how that's a great analogy.

>> Well, that's how that's a great analogy. Like Like Like >> he say that when he would come home cuz >> he say that when he would come home cuz [clears throat] you're basically sawing [clears throat] you're basically sawing you're sawing bones and you you're sawing bones and you >> make widgets all day long. That's what >> make widgets all day long. That's what you put people back together.

you put people back together. >> But he felt trapped in this. He knew >> But he felt trapped in this. He knew this was not his path. He was miserable, this was not his path. He was miserable, completely burned out, frankly, very completely burned out, frankly, very depressed. His anxiety was through the depressed. His anxiety was through the roof. Although he was functioning at an roof. Although he was functioning at an elite level at home, there was nothing elite level at home, there was nothing left of the person who I had married.

left of the person who I had married. >> How many how many doctors did you know >> How many how many doctors did you know in the system that were facing this same in the system that were facing this same issue this burnout and just issue this burnout and just >> I don't I don't honestly know any >> I don't I don't honestly know any doctors in the system who aren't facing doctors in the system who aren't facing because if it's it's there's two types because if it's it's there's two types of doctors in my opinion in that system of doctors in my opinion in that system in that sort of you know hamster wheel in that sort of you know hamster wheel hamster wheel scenario where I truly

hamster wheel scenario where I truly believe there are doctors who are burned believe there are doctors who are burned out and there are doctors who are going out and there are doctors who are going to be burned out. Yeah.

to be burned out. Yeah. >> And and it's just a matter of time and >> And and it's just a matter of time and frustration. And if you're the type of frustration. And if you're the type of person who wants to be an employee and person who wants to be an employee and wants to just go and make widgets, then wants to just go and make widgets, then maybe the traditional system is good for maybe the traditional system is good for you. It's not good for anybody else, but you. It's not good for anybody else, but maybe just for that type of doctor.

maybe just for that type of doctor. >> That's not the type of doctor that I >> That's not the type of doctor that I wanted to be. wanted to be. >> And so it was absolutely essential.

>> And so it was absolutely essential. >> But we meet doctors all the time because >> But we meet doctors all the time because they feel like you're saying the golden they feel like you're saying the golden handcuffs. So you've got to understand handcuffs. So you've got to understand in order to be an orthopedic surgeon, it in order to be an orthopedic surgeon, it is a very hard residency and fellowship is a very hard residency and fellowship track to get to. So you have been track to get to. So you have been fighting for 20 years to get to this fighting for 20 years to get to this position. And so now you're a decade position. And so now you're a decade into something that's put you a half a into something that's put you a half a million dollars in debt. You didn't have million dollars in debt. You didn't have your first real job until you were 30.

your first real job until you were 30. And now you're a decade in and you're And now you're a decade in and you're miserable. So you feel like it's your miserable. So you feel like it's your fault.

fault. fault. >> You feel broken. not the system. And >> You feel broken. not the system. And you're told that you you are broken. you're told that you you are broken. >> Yeah.

>> Yeah. >> Yeah. >> And so what happens is they feel >> And so what happens is they feel trapped. They feel hopeless because trapped. They feel hopeless because where are you going to get another job?

where are you going to get another job? What am I going to do? They're not What am I going to do? They're not trained in business. trained in business. >> Yeah.

>> Yeah. >> Yeah. >> Actually, I think intentionally, and >> Actually, I think intentionally, and this is I don't know, maybe between you this is I don't know, maybe between you and I, they're in medical school, and I, they're in medical school, they're told not to think about money or they're told not to think about money or business.

business. business. >> Why? Because they want you to go to the >> Why? Because they want you to go to the system, right? You don't have to worry system, right? You don't have to worry about it. You can take it.

about it. You can take it. >> And it's just crazy for a physician. and >> And it's just crazy for a physician. and this is your livelihood. And what other this is your livelihood. And what other place do you spend all of this money for place do you spend all of this money for training, become an elite expert, top of training, become an elite expert, top of your field, and then told that you're your field, and then told that you're not supposed to make money? Like, is it not supposed to make money? Like, is it supposed to be a hobby? How is that supposed to be a hobby? How is that possible? And so, I would say a lot of possible? And so, I would say a lot of doctors, like you're saying, Tim, feel doctors, like you're saying, Tim, feel so trapped that they can't even vocalize so trapped that they can't even vocalize it because there's a lot of shame it because there's a lot of shame involved. too.

involved. too. >> You've been sold one thing, wanted to be >> You've been sold one thing, wanted to be a physician, wanted to help people and a physician, wanted to help people and be well respected, and now you're be well respected, and now you're treated like a factory worker by a treated like a factory worker by a medical administrator who's dictating medical administrator who's dictating how you're going to treat your patients how you're going to treat your patients and what you're going to do. So, for me and what you're going to do. So, for me and us and and what I saw in my partner, and us and and what I saw in my partner, we were lucky enough that in

my medical we were lucky enough that in my medical history, I had seen I'd been doctor to history, I had seen I'd been doctor to doctor and I knew that the medical doctor and I knew that the medical system was broken. So I had my own system was broken. So I had my own personal view on it and then watching my personal view on it and then watching my husband get broken by the system I said husband get broken by the system I said this for me I was like screw the golden this for me I was like screw the golden handcuffs I don't need a golden handcuffs I don't need a golden parachute you have got to quit this or parachute you have got to quit this or there's not going to be anything left of there's not going to be anything left of you.

you. you. >> Mhm. >> Mhm. >> Mhm. >> And so we decided I said let's talk >> And so we decided I said let's talk about what would you love about what would you love >> what would you love >> what would you love in the Mary Moresy way. What would you in the Mary Moresy way. What would you love? How would you treat patients if love? How would you treat patients if you could really treat somebody? And he you could really treat somebody? And he said, "I want to spend an hour with said, "I want to spend an hour with patients." patients." patients." >> Do you remember this?

>> Do you remember this? >> Mhm. >> Mhm. >> Mhm. >> I do. >> I do. >> You want to talk to them about their >> You want to talk to them about their health. You want to talk to them about health. You want to talk to them about what they want because nobody wants a what they want because nobody wants a knee replacement surgery. They want to knee replacement surgery. They want to get down and pick up their grandkids.

get down and pick up their grandkids. >> Yeah. >> Yeah. >> Yeah. >> So, for us, the the journey was really >> So, for us, the the journey was really one from, you know, what am I going to one from, you know, what am I going to do next, right? Like, I don't And and so do next, right? Like, I don't And and so many doctors feel like I'm a one-trick many doctors feel like I'm a one-trick pony.

pony. pony. >> Yes. I only have this to offer >> Yes. I only have this to offer especially if you spent a lot of time in especially if you spent a lot of time in your specialty and if you're highly your specialty and if you're highly trained in it like a fellow and so when trained in it like a fellow and so when we when there was a lot of resistance to we when there was a lot of resistance to me internally making these changes me internally making these changes luckily you know I have a a partner and luckily you know I have a a partner and a mission that helped me make these a mission that helped me make these changes in myself internally. But for us changes in myself internally. But for us what we did was we started a private what we did was we started a private practice practice practice and we quickly learned that the and we quickly learned that the traditional insurance game was not going traditional insurance game was not going to work.

to work. >> And and and you did this while you were >> And and and you did this while you were still working at the hospital correct? still working at the hospital correct?

Yeah. So, we started in 2022. We started Yeah. So, we started in 2022. We started planning our practice and we opened planning our practice and we opened January of 2023. Okay.

January of 2023. Okay. >> Well, and you left the hospital on that >> Well, and you left the hospital on that day. day. day. >> Yeah, I left the hospital. I left the >> Yeah, I left the hospital. I left the hospital at the end of January 202 hospital at the end of January 202 because remember the hospital is not because remember the hospital is not going to allow an employee physician to going to allow an employee physician to open their own thing, right? And it was open their own thing, right? And it was the whole thing. They tried to Yeah.

the whole thing. They tried to Yeah. They tried to enforce a no compete They tried to enforce a no compete clause and and at that time, no compete clause and and at that time, no compete clauses still were not enforced. So they clauses still were not enforced. So they there's a whole lot of friction that there's a whole lot of friction that your employed practice will will will your employed practice will will will create. So there's that friction that create. So there's that friction that the system puts on you. There's the the system puts on you. There's the friction that you put on yourself and friction that you put on yourself and and those things combined to make it and those things combined to make it feel insurmountable. But it's really feel insurmountable. But it's really quite simple. I mean you just do you quite simple. I mean you just do you just you know your why, not necessarily just you know your why,

not necessarily your what like not necessarily your how.

your what like not necessarily your how. You know what you want to do. You know You know what you want to do. You know why you want to do it why you want to do it >> and you don't need to know how you how >> and you don't need to know how you how you're actually going to do it. There's you're actually going to do it.

Pinnacle Method and Patient Outcomes

There's lots of resources you and JJ and and lots of resources you and JJ and and health business growth collective health business growth collective there's there are so many wonderful there's there are so many wonderful masterminds that can give you absolutely masterminds that can give you absolutely a stepbystep road map of how to make a stepbystep road map of how to make this happen.

this happen. >> Um that is something that we discovered >> Um that is something that we discovered after some trial and error. So I would after some trial and error. So I would urge docs who are thinking about doing urge docs who are thinking about doing this to one go and get it done this to one go and get it done >> you know make it happen and two seek >> you know make it happen and two seek some resources and this is a great place some resources and this is a great place to start.

to start. >> Yeah. Yeah. >> Yeah. Yeah. >> Yeah. I mean I know that if you're >> Yeah. I mean I know that if you're putting the patient first and real putting the patient first and real science first and not just our western science first and not just our western idea but arurvedic Chinese medicine idea but arurvedic Chinese medicine movement somatic understanding how much movement somatic understanding how much our mind has a role in how our body our mind has a role in how our body heals heals heals if you make that the center the business if you make that the center the business part will follow.

part will follow. >> Yeah. Yeah. >> Yeah. Yeah. >> The basic business principles are the >> The basic business principles are the same everywhere really right. I mean same everywhere really right. I mean that I know from going to restaurants that I know from going to restaurants into our practice that part was for me into our practice that part was for me easy. I know it was a big learning curve easy. I know it was a big learning curve for you but you stayed in your genius in for you but you stayed in your genius in medicine and created a system that medicine and created a system that really changed changed the way that you really changed changed the way that you perceive. So how many surgeries do you perceive. So how many surgeries do you do now versus the thousand a year that do now versus the thousand a year that you used to do?

you used to do? >> I don't do I haven't done surgery in a >> I don't do I haven't done surgery in a year. You my focus is really Yeah. year. You my focus is really Yeah.

>> Yeah. Exactly. >> Yeah. Exactly. >> Yeah. So I stopped. >> Yeah. So I stopped. >> Perfect. >> Perfect. >> Perfect. And and we're the big surgeons out And and we're the big surgeons out there. You don't have to stop making there. You don't have to stop making money. How are you two making money? How money. How are you two making money? How long? So, we stopped we stopped doing long? So, we stopped we stopped doing surgery and my goal was to exit a system surgery and my goal was to exit a system that I saw was broken. And and in my that I saw was broken. And and in my particular market, it's really difficult particular market, it's really difficult to do any surgery at any center there to do any surgery at any center there without taking traditional insurance.

without taking traditional insurance. So, that did sort of drive us to to not So, that did sort of drive us to to not want to do surgery. And I also saw such want to do surgery. And I also saw such a great benefit to doing regenerative a great benefit to doing regenerative orthopedics. Right? So we focus on orthopedics. Right? So we focus on holistic health and integrative holistic health and integrative orthopedics is I a a wonderful orthopedics is I a a wonderful combination of integrative medicine and combination of integrative medicine and musculoskeeletal care. So we use we use musculoskeeletal care. So we use we use hormones and gut health and diagnostics, hormones and gut health and diagnostics, lab testing and lifestyle change, lab testing and lifestyle change, movement, strengthening combined with movement, strengthening combined with regenerative medicine like stem cell and regenerative medicine like stem cell and PRP to heal people's joint pain.

PRP to heal people's joint pain. >> And our goal is really to prevent >> And our goal is really to prevent surgeries, particularly joint surgeries, particularly joint replacement surgeries because these can replacement surgeries because these can be so damaging. So that's that's how we be so damaging. So that's that's how we make money.

make money. >> Yeah. >> Yeah. >> Yeah. >> So So how are you doing this in a >> So So how are you doing this in a community that it's not it's not a community that it's not it's not a wealthy community, right? It's like, wealthy community, right? It's like, let's be honest, right? It's a it's a let's be honest, right? It's a it's a community that is a very bluecollar, community that is a very bluecollar, >> smaller town, North Texas, very >> smaller town, North Texas, very conservative. It's not like we're in conservative. It's not like we're in California and there's a bunch of people California and there's a bunch of people interested in in alternative medicine.

interested in in alternative medicine. Right. Right. Right. >> Right. >> Right. >> Right. >> But what I can tell you is that being an >> But what I can tell you is that being an excellent trusted surgeon, excellent trusted surgeon, >> his patients know that in spending that >> his patients know that in spending that time with them that he cares. And also time with them that he cares. And also we have we have treated I guess we're on we have we have treated I guess we're on like 500 patients now in what we call like 500 patients now in what we call the pinnacle method. So we have proven the pinnacle method. So we have proven that we can heal your joint pain without that we can heal your joint pain without steroids, without narcotics and without steroids, without narcotics and without surgery. And so we have patients who are surgery. And so we have patients who are years after the treatment doing better years after the treatment doing better than they've ever done because the than they've ever done because the system like you were saying Josh is it system like you were saying Josh is it it really looks at if we can get why why it really looks at if we can get why why do you have that inflammation in your do you have that inflammation in your knee? Where is that pain coming from? If knee? Where is that pain coming from? If it's not a an injury from a tear, if it's not a an injury from a tear, if this is just if this is arthritis or this is just if this is arthritis or inflammation that's causing the pain inflammation that's causing the pain which is very painful and real and is which is very painful and real and is going to continue to get worse, what do going to continue to get worse, what do we do about it? And of course we he we do about it? And of course we he treats the joint itself, but he creates treats the joint itself, but he creates an environment in the joint that becomes an environment in the joint that becomes healthier and turns your body's own healthier and turns your body's own natural ability to heal itself back on.

natural ability to heal itself back on. >> And so that method that proprietary >> And so that method that proprietary method that Josh has developed over the method that Josh has developed over the last 3 years, that's he doesn't have to last 3 years, that's he doesn't have to do surgery because guess what? His do surgery because guess what? His patients get better without it.

patients get better without it. >> There's always going to be a percent of >> There's always going to be a percent of people who are going to benefit from an people who are going to benefit from an orthopedic surgery.

orthopedic surgery. But but if you look at the surgeries But but if you look at the surgeries that we do now for a lot of different that we do now for a lot of different reasons, reasons, reasons, a good percent of them, maybe even 30 a good percent of them, maybe even 30 and 40% are not necessary. Either not and 40% are not necessary. Either not necessary at all or not necessary now.

necessary at all or not necessary now. Uh as of 2018, about 33 to 36% of knee Uh as of 2018, about 33 to 36% of knee replacements in particular were done replacements in particular were done unnecessarily, which means the joint unnecessarily, which means the joint wasn't ready for surgery. And this leads wasn't ready for surgery. And this leads to younger and younger people getting to younger and younger people getting surgery which leads to more and more surgery which leads to more and more downstream problems with health, need downstream problems with health, need for additional surgeries or revisions.

for additional surgeries or revisions. Risks of complications are actually Risks of complications are actually higher in young patients especially with higher in young patients especially with joint replacement. And so that's a joint replacement. And so that's a really concerning that's a really really concerning that's a really concerning trend in the United States concerning trend in the United States that we you know you your orthopedic that we you know you your orthopedic surgeon has a a hammer and everything surgeon has a a hammer and everything looks like a

nail, right? That's not the looks like a nail, right? That's not the way we do. I watch I saw a sign on the way we do. I watch I saw a sign on the way here that's it that was for a health way here that's it that was for a health care system and it said care system and it said >> your treatment is our priority. And I >> your treatment is our priority. And I thought to myself, well, shouldn't that thought to myself, well, shouldn't that be your health is our priority? Your be your health is our priority? Your wellness is our priority. But I think it wellness is our priority. But I think it speaks to the the entire idea of the speaks to the the entire idea of the traditional system is guess what? Your traditional system is guess what? Your procedure really is their priority procedure really is their priority >> with with Yeah. Your treatment is great >> with with Yeah. Your treatment is great for our bottom line.

for our bottom line. >> Yeah. So, and so for us, [laughter] >> Yeah. So, and so for us, [laughter] >> yeah, your treatment is not our >> yeah, your treatment is not our priority. Your health and wellness, your priority. Your health and wellness, your overall well-being, your ability to to overall well-being, your ability to to >> Yeah.

>> Yeah. >> Yeah. >> to play with your grandkids and to and >> to play with your grandkids and to and to lose that weight and to and to not to lose that weight and to and to not suffer from type 2 diabetes. That's our suffer from type 2 diabetes. That's our priority.

priority. priority. >> Right. And also, you came out of the >> Right. And also, you came out of the airport scanners as well, right? They airport scanners as well, right? They can walk through and they can about can walk through and they can about metal detectors, none of that stuff. I metal detectors, none of that stuff. I mean, mean, mean, >> yeah. None of that stuff.

>> yeah. None of that stuff. >> It's pretty incredible. It's incredible >> It's pretty incredible. It's incredible to see the change, not only in you, to see the change, not only in you, Josh, but in our patients, Josh, but in our patients, >> how just people who couldn't walk >> how just people who couldn't walk without walkers now are I'll run into without walkers now are I'll run into them at the grocery store cuz we are in them at the grocery store cuz we are in a small town. They're showing me how a small town. They're showing me how they can squat.

they can squat. >> Oh, wow. Picking up their legs and I was >> Oh, wow. Picking up their legs and I was like, "Oh, Betty, honey, we're at the like, "Oh, Betty, honey, we're at the grocery store." [laughter] grocery store." [laughter] >> Wow. That must be like boom. Like that >> Wow. That must be like boom. Like that mark just like mark just like >> it's it's feels so good. I imagine >> it's it's feels so good. I imagine >> and being being a doctor in a small town >> and being being a doctor in a small town I think is a is a classic way to do it.

I think is a is a classic way to do it. You you there's nowhere to hide. You get You you there's nowhere to hide. You get to see your patients under there.

to see your patients under there. [laughter] [laughter] [laughter] >> The good and the bad, right? It's like >> The good and the bad, right? It's like that thing didn't work that you put in that thing didn't work that you put in me, me, me, >> right? And luckily luckily I haven't had >> right? And luckily luckily I haven't had very you know I had a very low very you know I had a very low complication rate. It's not like I complication rate. It's not like I stopped doing surgery because I wasn't stopped doing surgery because I wasn't good at it.

good at it. >> I was tremendously >> I was tremendously >> very good at it. >> very good at it. >> Yeah. Yeah. And but but this is a better >> Yeah. Yeah. And but but this is a better way to do it and this is a better way to way to do it and this is a better way to do medicine.

do medicine. >> Yeah. Yeah. So, how is the how's the >> Yeah. Yeah. So, how is the how's the system reacting to what you're doing? I system reacting to what you're doing?

Why the Traditional System Fails Patients

I imagine there's not a whole lot of you imagine there's not a whole lot of you in the community that's doing what in the community that's doing what you're doing that's kind of broken free.

you're doing that's kind of broken free. I don't know if there's other if there's I don't know if there's other if there's functional medicine docs in your functional medicine docs in your community and they're starting to see community and they're starting to see your model and starting to duplicate it.

your model and starting to duplicate it. Like what has this created in your in Like what has this created in your in your community? your community? >> Well, first there's a lot of resistance >> Well, first there's a lot of resistance both in ourselves for leaving the both in ourselves for leaving the traditional system. We also have this traditional system. We also have this idea that our colleagues are going to, idea that our colleagues are going to, you know, are going to see that think you know, are going to see that think that we're crazy or quacks or that we're that we're crazy or quacks or that we're doing stuff that's, you know, not doing stuff that's, you know, not approved. And and to some extent that's approved. And and to some extent that's true. I I did suffer that from from my true. I I did suffer that from from my colleagues, you know, referring doctors colleagues, you know, referring doctors who'd send people to be, you know, sent who'd send people to be, you know, sent people to me for years or telling their people to me for years or telling their patients, don't go see him. He doesn't patients, don't go see him. He doesn't take insurance. Like it's not a it's not take insurance. Like it's not a it's not a don't go see him, he's a quack a don't go see him, he's a quack doctor. He's going to take your money.

doctor. He's going to take your money. Don't go see him. He doesn't take Don't go see him. He doesn't take insurance. insurance. insurance. >> What a That's so ridiculous.

>> What a That's so ridiculous. >> Let's just analyze that statement here >> Let's just analyze that statement here again. Like because he doesn't take again. Like because he doesn't take insurance. Like insurance. Like >> like that dictates like the brain is >> like that dictates like the brain is like I can't like you said Amber like I can't like you said Amber earlier. It's like if it doesn't take earlier. It's like if it doesn't take any insurance is not a real medicine.

any insurance is not a real medicine. Right. Right. Right. >> That's right. So we've we've fooled >> That's right. So we've we've fooled ourselves and our patients into thinking ourselves and our patients into thinking that that their health and their that that their health and their well-being and their wellness is worth a well-being and their wellness is worth a $20 co-ay.

$20 co-ay. >> Yeah. And when you ask people like >> Yeah. And when you ask people like what's the value of your health? It's what's the value of your health? It's infinite, right? Like it's at least more infinite, right? Like it's at least more than a cybert truck, which is a $100,000 than a cybert truck, which is a $100,000 truck that's not actually bulletproof, truck that's not actually bulletproof, right?

right? right? >> But but what I mean is is like people >> But but what I mean is is like people are willing and in most cases able to are willing and in most cases able to invest in their health, especially if invest in their health, especially if it's something reasonable that creates it's something reasonable that creates real transformation in them. And so the real transformation in them. And so the whole he doesn't take insurance thing whole he doesn't take insurance thing was really you know that that's just was really you know that that's just super super ridiculous.

super super ridiculous. There is a reaction from the traditional There is a reaction from the traditional system when you leave it and it is it system when you leave it and it is it but it is not one it's totally one that but it is not one it's totally one that can be overcome with emission.

can be overcome with emission. Our patients come to us outside of Our patients come to us outside of referrals. They come to us of their own referrals. They come to us of their own valition. Right. And and so when we have valition. Right. And and so when we have interactions with we consistently hear interactions with we consistently hear every day how much we change people's every day how much we change people's lives and how they've never experienced lives and how they've never experienced an a a doctor's office like ours and how an a a doctor's office like ours and how they're so grateful that somebody does they're so grateful that somebody does this for them. So to the last part of this for them. So to the last part of your question, are other providers in your question, are other providers in Witchto Falls starting to offer? Since Witchto Falls starting to offer? Since we started our practice, we started our practice, >> we've had people start to, you know, a >> we've had people start to, you know, a lot of my colleagues are now offering lot of my colleagues are now offering very basic regenerative medicine.

very basic regenerative medicine. Yeah, it seems to be one trick pony in Yeah, it seems to be one trick pony in the systems, right? It's like PRP. Like the systems, right? It's like PRP. Like it's like it's like the hammer and the it's like it's like the hammer and the nail, right? It's like PRP, PRP, PRP.

nail, right? It's like PRP, PRP, PRP. Like it's Like it's >> and people wonder why it doesn't work. >> and people wonder why it doesn't work. you you use PRP, but don't you you don't you you use PRP, but don't you you don't optimize the body to use its ability to optimize the body to use its ability to heal to the maximum effect and it and heal to the maximum effect and it and nothing works. So, they're they're doing nothing works. So, they're they're doing it. They're coming along. We are seeing it. They're coming along. We are seeing more kind of sort of functional more kind of sort of functional providers out there, which I think is providers out there, which I think is encouraging. It's encouraging. It's >> I don't see it as a source of >> I don't see it as a source of competition. I see it as a wonderful competition. I see it as a wonderful resource for the community.

resource for the community. >> Yeah. Yeah. It's a plus one to >> Yeah. Yeah. It's a plus one to everything that's going on. It's everything that's going on. It's starting to it's starting to lighten the starting to it's starting to lighten the community that there is a different way community that there is a different way >> Yeah.

>> Yeah. >> Yeah. >> of of of improving your health, right? >> of of of improving your health, right? And it and it starts with lifestyle, And it and it starts with lifestyle, >> right?

>> right? >> right? >> That's the most important part. >> That's the most important part. >> The most important and something that >> The most important and something that doctors aren't even educated about on doctors aren't even educated about on medical school.

medical school. >> Yeah. >> Yeah. >> Yeah. >> When I went to medical school, I had a >> When I went to medical school, I had a cardiologist tell me that that statins cardiologist tell me that that statins should be in the water should be in the water >> in a lecture.

>> in a lecture. >> Oh, it works. [laughter] >> Oh, it works. [laughter] >> There's enough stuff in the water. You >> There's enough stuff in the water. You should not be drinking stuff in the should not be drinking stuff in the water. We don't need a stat in the water. We don't need a stat in the water.

water. water. And then the second thing that I had was And then the second thing that I had was a lecture from some consultant that that a lecture from some consultant that that doctors had an obligation to take care doctors had an obligation to take care of patients and not worry about of patients and not worry about business, right? Like we, you know, we business, right? Like we, you know, we shouldn't we shouldn't worry about how shouldn't we shouldn't worry about how much it costs. We should be just be able much it costs. We should be just be able to to give this service and it's our to to give this service and it's our calling. It turns out that guy worked calling. It turns out that guy worked for an insurance company. So it's like for an insurance company. So it's like >> well I I think that's something that we >> well I I think that's something that we as people who care about our health and as people who care about our health and not just providers of medical care it's not just providers of medical care it's important for us to I have this important for us to I have this conversation quite often with some of conversation quite often with some of our colleagues to look at the true cost.

our colleagues to look at the true cost. So we think with insurance that my So we think with insurance that my insurance is going to cover it that but insurance is going to cover it that but in the true if you were to look at in the true if you were to look at dollars and cents on what you're going dollars and cents on what you're going to spend on co-ay on downtime on to spend on co-ay on downtime on whatever your max amount you know that's whatever your max amount you know that's covered and and all of the loopholes and covered and and all of the loopholes and then these bills that you're going to then these bills that you're going to get surprise bills at the end of every get surprise bills at the end of every procedure procedure procedure >> every every >> every every from every different one and and what's from every different one and and what's going to be denied and how how much time going to be denied and how how much time and energy are you going to have to and and energy are you going to have to and and our time does cost something.

and our time does cost something. >> Sure. >> Sure. >> Sure. >> If we look at that versus you've come >> If we look at that versus you've come into our office, we're going to give you into our office, we're going to give you the actual price which is reasonable.

the actual price which is reasonable. You are going to buy. You are going to You are going to buy. You are going to know exactly what you're getting. You know exactly what you're getting. You are going to have an outcome that you're are going to have an outcome that you're choosing on the care that you have choosing on the care that you have chosen. And yes, it costs money, but in chosen. And yes, it costs money, but in the long run and dollars and cents, we the long run and dollars and cents, we actually are much less expensive than actually are much less expensive than going to get the knee replacement.

going to get the knee replacement. >> Yeah. then missing how much work, then >> Yeah. then missing how much work, then losing the strength in your calf, then losing the strength in your calf, then and we're not even talking about and we're not even talking about downstream problems from that. And so downstream problems from that. And so when for me being the business person, when for me being the business person, the dollars and cents of it, we are the dollars and cents of it, we are really being sold a bunch of nonsense really being sold a bunch of nonsense when we think that it's cheaper to use when we think that it's cheaper to use your insurance. It isn't. It isn't your insurance. It isn't. It isn't cheaper.

cheaper. cheaper. >> But the cost of carrying insurance is >> But the cost of carrying insurance is wickedly expensive. Exactly. Right. It wickedly expensive. Exactly. Right. It keeps going up. Like getting more keeps going up. Like getting more 30% 30% 30% >> every year 20% higher. 20% higher and at >> every year 20% higher. 20% higher and at some point we're getting diminishing some point we're getting diminishing returns.

returns. returns. >> Yeah, the cost is going up. The >> Yeah, the cost is going up. The reimbursements are going down, reimbursements are going down, >> right? The spread is is is killing a lot >> right? The spread is is is killing a lot of families. Like, and I'm not meaning of families. Like, and I'm not meaning killing them. It is killing them. It is >> financially >> financially >> financially >> financially it is devastating, right?

>> financially it is devastating, right? It's a it's a It's a it's a >> you know, >> you know, >> they're they're caught in a vacuum >> they're they're caught in a vacuum basically. They don't know how to they basically. They don't know how to they don't know how to get out.

don't know how to get out. >> And a great way is that the more and >> And a great way is that the more and more doctors that can exit the system, more doctors that can exit the system, it gives these people an opportunity for it gives these people an opportunity for them to exit insurance as well. You them to exit insurance as well. You don't have to. We could get a don't have to.

Community Impact and How to Learn More

We could get a catastrophic care policy if you're catastrophic care policy if you're really interested in that and then go really interested in that and then go find a primary care provider that you find a primary care provider that you can be fee for service or join their can be fee for service or join their practice or like us join our practice practice or like us join our practice >> and come and we can give you that >> and come and we can give you that musculark eeletal care musculark eeletal care >> at a reasonable rate and you're going to >> at a reasonable rate and you're going to get the outcome that you deserve.

get the outcome that you deserve. >> Yeah. At the end of the day, I mean, >> Yeah. At the end of the day, I mean, it's, you know, insurance has taken away it's, you know, insurance has taken away competition. Let's let's just be honest, competition. Let's let's just be honest, right? and having having doctors like right? and having having doctors like yourself and businesses like yours that yourself and businesses like yours that are that are coming to communities and are that are coming to communities and providing excellent care and they are providing excellent care and they are truly taking care of the patient, right?

truly taking care of the patient, right? It should make these other doctors in It should make these other doctors in

the system say, you know what, I can do the system say, you know what, I can do that too and let me learn from them and that too and let me learn from them and let me, you know, let's not call it let me, you know, let's not call it competition, but let's let's figure out competition, but let's let's figure out how we can start to uplift these how we can start to uplift these communities.

communities. communities. >> Exactly. >> Exactly. >> Exactly. >> Right. Because that's the most important >> Right. Because that's the most important thing. It's we have to remember that thing. It's we have to remember that we're taking care of individuals. We're we're taking care of individuals. We're taking care of mothers and fathers and taking care of mothers and fathers and grandparents and children and the only grandparents and children and the only thing we should be doing is really thing we should be doing is really focusing on them. Yes.

focusing on them. Yes. >> Right. And and making sure they're >> Right. And and making sure they're getting the best care and that they're getting the best care and that they're being seen like they're truly being seen being seen like they're truly being seen and not the five to seven minutes that and not the five to seven minutes that they're being seen. Right. Then they're they're being seen. Right. Then they're just being that here's your here's your just being that here's your here's your medication, here's your you know here's medication, here's your you know here's your joint replacement. You know, it your joint replacement. You know, it it's it's becoming a point where these it's it's becoming a point where these things are not actually getting to the things are not actually getting to the root cause. They're just kicking the can root cause. They're just kicking the can down the road. They're making them more down the road. They're making them more sick.

sick. sick. >> Exactly. >> Exactly. >> Exactly. >> Right. And they're making them have more >> Right. And they're making them have more problems like you made mention Josh that problems like you made mention Josh that you know when these kids are doing these you know when these kids are doing these things earlier, it's causing like Oh, things earlier, it's causing like Oh, yeah. problems way down the line. And yeah. problems way down the line. And that is not good.

that is not good. >> Over 20% of our children now have >> Over 20% of our children now have chronic disease diagnoses. chronic disease diagnoses. That's a staggering amount of children.

That's a staggering amount of children. And it's probably actually higher than And it's probably actually higher than that. that. that. >> Mhm. >> Mhm.

>> Mhm. >> And I think it's I think it's really >> And I think it's I think it's really important here for physicians and in important here for physicians and in practices who are interested in going in practices who are interested in going in taking this path to understand that your taking this path to understand that your impact is so much greater than just the impact is so much greater than just the patient in front of you. You know, I patient in front of you. You know, I have a I have a a wonderful patient stab have a I have a a wonderful patient stab buddy and he came to us with knee buddy and he came to us with knee arthritis and this this was in 23 when arthritis and this this was in 23 when we did just sort of started our program.

we did just sort of started our program. So the wonderful thing is we've been So the wonderful thing is we've been able to watch his whole course. It's able to watch his whole course. It's really exciting. So we treated his really exciting. So we treated his knees, but he also joined our metabolic knees, but he also joined our metabolic program. So we did a whole pinnacle program. So we did a whole pinnacle method on him. We helped him lose a 100 method on him. We helped him lose a 100 pounds and like almost we did it pounds and like almost we did it gradually. So it's about 18 months. He gradually. So it's about 18 months. He every time he comes in, he's so every time he comes in, he's so grateful. He comes in, he he's feeling grateful. He comes in, he he's feeling better. He's fishing. He's riding his better. He's fishing. He's riding his horse. He's spending more time with his horse. He's spending more time with his wife. He's able to to climb the wife. He's able to to climb the bleachers and watch his grandkids play bleachers and watch his grandkids play soccer. And at his last visit, we're soccer. And at his last visit, we're sitting down and I'm talking to him and sitting down and I'm talking to him and he's like, "I just got to tell you, I'm he's like, "I just got to tell you, I'm so grateful." And he broke down. He was so grateful." And he broke down. He was crying. And he's like, "When when I was crying. And he's like, "When when I was first talking to you about this program, first talking to you about this program, I felt like it was so expensive." And I I felt like it was so

expensive." And I went home and I talked to to my went home and I talked to to my daughters and and they said, "Daddy, daughters and and they said, "Daddy, this is an investment in you, but not this is an investment in you, but not just you. We want you here to watch just you. We want you here to watch these children of ours grow, to be able these children of ours grow, to be able to be engaged and intent and and not to be engaged and intent and and not distracted by your pain or your illness.

distracted by your pain or your illness. And that money is well spent, right? We And that money is well spent, right? We are impacting so much more than just the are impacting so much more than just the person who sits in front of us. We're person who sits in front of us. We're impacting their whole family and by impacting their whole family and by extension their entire community. And so extension their entire community. And so when we do these practices, it's when we do these practices, it's tremendously important. you you might tremendously important. you you might think that you're only affecting that think that you're only affecting that one person you get to spend an extra one person you get to spend an extra hour with, but really you're affecting hour with, but really you're affecting your entire community. You're raising your entire community. You're raising the bar for health overall and it's the bar for health overall and it's going to bleed over into the traditional going to bleed over into the traditional system a bit, system a bit, >> right? That's what's most about >> right? That's what's most about >> that. Such a great story. Um, thank you >> that. Such a great story. Um, thank you so much. How can the audience learn more so much. How can the audience learn more about who you are, what you do, where about who you are, what you do, where you are, like learn more about your you are, like learn more about your method?

method? method? >> So, if you look pinnacle >> So, if you look pinnacle integrative.com, integrative.com, integrative.com, you'll find us. You'll also find you'll find us. You'll also find Pinnacle on Instagram and Facebook, but Pinnacle on Instagram and Facebook, but Pinnacle Integrative Orthopedics is what Pinnacle Integrative Orthopedics is what you want to search for. Or search for you want to search for. Or search for Dr. Shar, Joshua Shakar.

Dr. Shar, Joshua Shakar. >> Dr. Joshua Shar Instagram and Facebook. >> Dr. Joshua Shar Instagram and Facebook. Also Tik Tok. Also Tik Tok. >> We've got some great video. If you want >> We've got some great video. If you want to learn more about integrative to learn more about integrative orthopedics and maybe how it can help orthopedics and maybe how it can help you or somebody that you really care you or somebody that you really care about, go to YouTube. Dr. Shakra has about, go to YouTube. Dr. Shakra has some great lectures there, some some great lectures there, some wonderful opportunities to educate wonderful opportunities to educate yourself. But but really, you know, yourself. But but really, you know, we're out there everywhere. Come, come we're out there everywhere. Come, come check us out. Stalk us.

check us out. Stalk us. >> Wonderful. Thank you so much for your >> Wonderful. Thank you so much for your time, Dr. Josh Amber. Thank you. Thanks, time, Dr. Josh Amber. Thank you. Thanks,